

**REQUEST FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Mail Stop RCE
Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number 09/285,249
Filing Date April 2, 1999
First Named Inventor John S. HENDRICKS, et al.
Group Art Unit 2611
Examiner Name C. Grant
Attorney Docket No. 5200

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-captioned application.

1. Submission required under 37 C.F.R. § 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____ (Any unentered amendment(s) referred to above will be entered.)
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other:
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☒ Petition for Extension of Time (1 month)
- iv. ☐ Other:

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2. Miscellaneous

- a. ☐ Suspension of action on the above-captioned application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed three months; Fee under 37 C.F.R. § 1.17(i) required.)
- b. ☐ Other:

3. Fees The RCE fee under 37 C.F.R. § 1.17(e) is required by 37 C.F.R. § 1.114 when the RCE is filed.

- a. ☒ The Fees are calculated as follows:
- | | AMOUNT | <input checked="" type="checkbox"/> Large Entity | <input type="checkbox"/> Small Entity |
|--|-----------|---|--|
| i. <input checked="" type="checkbox"/> RCE BASIC FEE | \$ 750.00 | \$ 750.00 | \$ 375.00 |
| ii. <input checked="" type="checkbox"/> EXTENSION FEES | \$ 110.00 | One-Month \$ 110.00
Two-Month 410.00
Three-Month 930.00
Four-Month 1450.00
Five-Month 1970.00 | \$ 55.00
205.00
465.00
725.00
985.00 |
| iii. <input type="checkbox"/> OTHER () | \$ 860.00 | \$ 18.00 | \$ 9.00 |
- b. ☒ Check in the amount of \$ 860.00 is enclosed. The Commissioner is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to **Deposit Account No. 04-1425**.
- c. ☐ The Commissioner is hereby authorized to charge the fees as indicated above, charge any variance or credit any overpayments, to **Deposit Account No. 04-1425**.

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name Kelly T. Lee

Registration No. 47,743

Signature

Date

May 28, 2003